

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR-0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  08/01/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WASHINGTON HOUSE ASSISTED LIVING

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>Initial Comments</b></p> <p>An annual survey was conducted from July 29, 2014, through August 1, 2014, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for five (5) residents and employees five (5) employees to include professional and administrative staff. The findings of the survey were based on observation, record reviews, and interviews.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Assisted Living Administrator (ALA) Assisted Living Residence (ALR) Individualized Service Plan (ISP) Registered Nurse (RN) She/He (S/he) Trained Medication Employee (TME)</p>	R 000	<p>RECEIVED DEC 10 2014</p> <p>ISP has been reviewed Ongoing and signed by interdisciplinary team. Copies enclosed.</p>	
R 483	<p><b>Sec. 604d Individualized Service Plans</b></p> <p>(d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.</p> <p>Based on record review and interview, the ALR failed to ensure ISP's were reviewed by the interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate at least every six (6) months or more frequently with</p>	R 483		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0800

NFMY11

If continuation sheet 1 of 5

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R 483	<p>Continued From page 1</p> <p>significant changes in the residents condition for four (4) of five (5) residents in the sample. (Residents #1, #3, #4 and #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. On July 29, 2014, at approximately 11:00 a.m., review of Resident #1's clinical record revealed an ISP with a review date of May 20, 2014. The ISP failed to evidence it was reviewed by the interdisciplinary team, resident/resident surrogate and/or a health care practitioner.</li> <li>2. On July 29, 2014, at approximately 12:00 p.m., review of Resident #3's clinical record revealed an ISP dated May 20, 2014. The ISP failed to evidence it had been reviewed by the interdisciplinary team, resident/resident surrogate and/or a health care practitioner.</li> <li>3. On July 29, 2014, at approximately 1:00 p.m., review of Resident #4's clinical record revealed an ISP dated May 20, 2014. The ISP failed to evidence it had been reviewed by the interdisciplinary team, resident/resident surrogate and/or a health care practitioner.</li> <li>4. On July 29, 2014, at approximately 1:30 p.m., review of Resident #5's clinical record revealed that the interdisciplinary team and/ or the health care practitioner failed to review the ISP after November 30, 2012.</li> </ol> <p>During an interview with the ALA on July 29, 2014, at approximately 2:30 p.m., the ALA stated, "I will make sure they [ISPs] get signed."</p>	R 483	<p>See R 483</p> <p>See R483</p> <p>See R483</p> <p>See R483</p>	

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R 682	Continued From page 2	R 682		
R 682	<p>Sec. 702c3 Staff Training.</p> <p>(3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and</p> <p>Based on record review and interview, the ALR failed to ensure that all staff had completed four (4) hours of annual training covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association for two (2) of four (4) employees in the sample. (Employees' #1 and #4)</p> <p>The finding includes:</p> <p>On July 30, 2014, starting at approximately 1:35 p.m., review of Employees' #1 and #4 personnel records revealed that the employees had been employed for at least two years. Further review of the records failed to evidence that the employees completed training in 2013 covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorders Association.</p> <p>During an interview with the ALA on July 30, 2014, at approximately 2:30 p.m., the ALA indicated that the employees did not have the required cognitive training "but we will start getting the training."</p>	R 682	<p>In-service training on Alzheimer's disease and related disorder association has been completed. Certificates issued. Certificates and sign-in sheets enclosed.</p> <p>See R 682.</p>	
R 683	<p>Sec. 702d Staff Training.</p> <p>(d) On an annual basis, the ALA shall complete 12 additional hours of training on cognitive</p>	R 683	<p>ALA has completed additional 12 hours of training on cognitive</p>	

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R 683	<p>Continued From page 3</p> <p>impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association.</p> <p>Based on record review and interview, it was determined that the ALA failed to complete twelve (12) hours of annual training on cognitive impairment from a nationally recognized organization.</p> <p>The finding includes:</p> <p>On July 30, 2014, starting at approximately 1:30 p.m., review of the ALA's personnel record failed to evidence twelve (12) hours of training on cognitive impairment were completed in 2013.</p> <p>During an interview with ALA on April 15, 2014, starting at approximately 2:00 p.m., the ALA, stated, "I didn't take the training yet."</p>	R 683	<p>impairments as approved by a nationally recognized organization with expertise in dementia, alzheimer and related disorders. Certificates are enclosed.</p>	Ongoing
R 801	<p>Sec. 903 1 On-Site Review.</p> <p>(1) Supervise the administration of medications by Trained Medication Employees;</p> <p>Based on record review and interview, the ALR failed to ensure that every 45 days a RN supervised the administration of medication by the TME every 45 days.</p> <p>The finding includes:</p> <p>On July 29, 2014, at approximately 1:15 p.m., a review of administration records revealed that July 31, 2013 was the last documented date that the TME was supervised by a RN.</p> <p>During an interview with the ALA who is also the facilities TME, on July 29, 2014, at approximately</p>	R 801	<p>Nurse has in her book of the 45 days of the supervise medication by the time but she is out on medical leave and will be back in Jan. to show her records.</p> <p>TME supervision by RN has been updated and records enclosed.</p>	Ongoing

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R 801	Continued From page 4  1:30 p.m., the ALA stated, "The nurse supervises me monthly when I give medications and she writes it in her book. She doesn't leave anything [paperwork] for me."	R 801		
R 802	Sec. 903 2 On-Site Review.  (2) Assess the resident's response to medication; and Based on record review and interview, the ALR's RN failed to assess the resident's response to medications every forty-five days for five (5) of five (5) residents in the sample. (Residents' #1, #2, #3, #4 and #5)  The findings include:  On July 29, 2014, at approximately 10:00 a.m., a review of Residents #1, #2, #3, #4 and #5 clinical record failed to evidence that the RN assessed each resident to determine the effectiveness of his/her medications.  During an interview with the ALA on July 22, 2014, at approximately 2:00 p.m., the ALA indicated that the facility's RN does not assess the resident's response to medications every forty-five days but they will start.	R 802	Residents's response to medication reviews are done by visiting Nurse Practitioner. Reviews has been updated and records enclosed.	Ongoing